

# Model Redetermination Notice of Denial of Medicare Drug Coverage

Date:

Enrollee name: <Insert Name>  
<Street Address>  
<City, State Zip Code>

Enrollee ID Number: <Insert Number>

Plan Name: <Insert Plan Name>

Contract ID: <Insert Contract ID>

Formulary ID: <Insert Formulary ID>

Plan ID: <Insert Plan ID>

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This notice is to let you know we agree with our initial coverage determination: we're denying coverage for the following prescription drug(s) that you, your doctor or prescriber asked for: <Insert name of prescription drug(s)>

We're denying coverage because: <Insert the specific reason for denial and a description of any applicable Medicare coverage rule or any other applicable plan policy upon which the denial was based, including any specific formulary criteria that must be satisfied for approval. If the drug could be approved under the exception rules, the notice must explicitly state the need for a supporting statement and clearly identify the type of information that should be submitted when seeking a formulary or tiering exception.>

## You have the right to appeal this decision

You have the right to ask for an independent review (appeal) of our decision. You must appeal within 65 calendar days after the date on this notice. You, your prescriber, or someone you name to act for you (your representative) can ask for the appeal.

## How to ask for an appeal

You can ask for an appeal by mail or electronically. Include your name, address, member ID number, the reasons you're appealing, and any evidence you want to attach. If someone other than you or your doctor or prescriber is asking for the appeal, that person must submit a document showing their authority to act for you. This could be a power of attorney, a court order, or an Appointment of Representation form.

If your appeal is about a decision to deny coverage for a drug that's not on our list of covered drugs (formulary), or if you're asking for an exception to a prior authorization (PA) or other utilization management (UM) requirement, your doctor or prescriber must submit a statement with your appeal request indicating that all the drugs on any tier of our formulary (or the PA/UM requirement) wouldn't be as effective to treat your condition as the requested drug, or would harm your health.

Submit your appeal request to the independent reviewer in one of these ways:

**Electronically via the Part D QIC Portal:** [c2cinc.com//Appellant-Signup](https://c2cinc.com/Appellant-Signup)

### Fax:

For Standard Appeals: (833) 710-0580  
For Expedited Appeals: (833) 710-0579

### Standard mail:

C2C Innovative Solutions, Inc.  
P.O. Box 44166  
Jacksonville, FL 32231-4166

### FedEx, UPS or courier:

C2C Innovative Solutions, Inc.  
301 W. Bay St., Suite 1110  
Jacksonville, FL 32202  
Phone: (833) 919-0198

# Information about your appeal rights

## There are 2 kinds of appeals you can request

### Expedited (72 hours)

You can request an expedited (fast) appeal for cases that involve coverage, if you or your doctor believes that your health could be seriously harmed by waiting up to 7 days for a decision. If your request to expedite is granted, the independent reviewer must give you a decision no later than 72 hours after receiving your appeal (the timeframe may be extended in limited circumstances).

- **If the doctor who prescribed the drug(s)** asks for an expedited appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 7 days could seriously harm your health, **the independent reviewer will automatically expedite the appeal.**
- If you ask for an expedited appeal without support from a doctor, the independent reviewer will decide if your health requires an expedited appeal. If you don't get an expedited appeal, your appeal will be decided within 7 days.
- Your appeal won't be expedited if you already received the drug you're appealing.

### Standard (7 days)

You can request a standard appeal for a case involving coverage or payment. The independent reviewer must give you a decision no later than 7 days after they get your appeal.

This timeframe may be extended if your case involves an exception request, and we haven't received the supporting statement from your doctor or prescriber. The timeframe also may be extended when the person acting for you files an appeal request but doesn't submit the right documentation of representation. In both situations, the independent reviewer may stop the clock for up to 14 days to get this information.

## What happens next

If you appeal, the independent reviewer will review your case and give you a decision. If any of the prescription drugs you asked for are still denied, you can appeal to an administrative law judge (ALJ) if the value of your appeal is at least *[insert AIC amount]*. If you disagree with the ALJ decision, you'll have the right to further appeal. You'll be notified of your appeal rights if this happens.

## Get help & more information

For more information about your appeal rights, call us or see your Evidence of Coverage.

Toll Free:

TTY:

### Medicare Rights Center

Toll Free: 1-888-HMO-9050 (1-888-466-9050)

TTY:

### Elder Care Locator

Toll Free: 1-800-677-1116

### Medicare

1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

### State Health Insurance Program

Toll Free: 1-877-839-2675 to get the number for your local SHIP.